

## ROBERTS MLOTKOWSKI SAFRAN &amp; COLE, P.C.

7918 JONES BRANCH DRIVE  
SUITE 500  
MCLEAN, VA, 22102  
TELEPHONE: (703) 584-3270  
FACSIMILE: (703) 848-2981  
EMAIL: [INFO@RMSCLAW.COM](mailto:INFO@RMSCLAW.COM)  
WEB: [WWW.RMSCLAW.COM](http://WWW.RMSCLAW.COM)

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TO: Commissioner of Patents  
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FROM: Arsalan Malik

FAX NO.: (571) 273 8300

RE: Application no. 10/549,905

# OF PAGES: 20 (including this coversheet)

DATE: August 4, 2008

MESSAGE:

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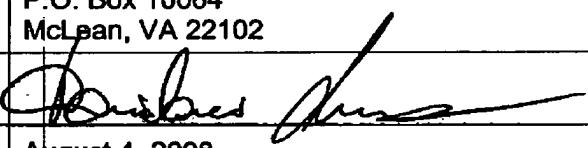
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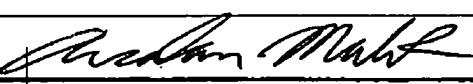
002/020

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/549,905
		Filing Date	September 20, 2005
		First Named Inventor	Dionysios PAPAIOANNOU
		Group Art Unit	1624
		Examiner Name	Noble E. Jarrell
Total Number of Pages in This Submission	20	Attorney Docket Number	13907-02

<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request for Reconsideration of the Decision on Petition Under 37 CFR 1.47 (a) (Filing When an Inventor Refuses To Sign) and Renewed Petition Under 37 CFR 1.47 (a) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Statements by S. Aksman and A. Malik including attachments identified therein -Attachments identified in Request for Reconsideration	
		Remarks	<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above-identified docket number.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Stanislaus Aksman, Reg. No. 28,562 Roberts Mlotkowski Safran & Cole, P.C. P.O. Box 10064 McLean, VA 22102
Signature	
Date	August 4, 2008

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>	
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Name (Print/Type)	Arsalan Malik
Signature	
Date	August 4, 2008